An Employer Workshop







An Employer Workshop

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Introduction



About **226,000** (14.9%) of Washington's children under age 18 live below the federal poverty level. It would be possible to fill Safeco Field more than five times with Washington children living in poverty. 226,000 children are more than the combined populations of Yakima, Bellingham and Wenatchee.

U.S. Census Bureau, Current Population Survey, 2005

Washington ranks **12th** in hunger in the U.S. and ranks 18th in food insecurity among the states. An estimated 275,000 Washington households live with hunger or the threat of hunger.

United States Department of Agriculture, 2006

About **40%** of the children who live in fatherless households haven't seen their fathers in at least a year while **50%** of children who don't live with their fathers have never stepped foot in their father's home.

National Fathering Institute

The Division of Child Support is responsible for over **340,000** child support cases.

Introduction

Four Things Employers Should Know About Child Support

Employers play a vital role in the financial security of children by working cooperatively with the Division of Child Support. We understand the extra work state and federal law puts on employers. Employers report new hires, withhold and send child support and insure employees and their children. Employers can save time and money and remain compliant by following these four steps:

0

Report New Hires

Washington State employers must report all newly hired or rehired employees within 20 days of hire to DCS. We use this information to collect child support. The Departments of Labor and Industries (L&I) and Employment Security (ESD) also use New Hire information to find and stop fraud. If L&I or ESD find the employee defrauding the state, you may receive a credit on your next quarterly bill. New Hire Reporting is fast and easy. **Start today!** Go to **www.dshs.wa.gov/newhire** or call 1-800-562-0479.



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Withhold & Send Income

State and federal laws require DCS to issue an income withholding notice even if the employee or independent contractor is not behind in child support payments. A notice is effective the day you receive it. Return the answer form within 20 days. Withhold the amount asked for and send it to DCS within seven business days. You can charge an employee a onetime fee of \$10 and \$1 from each future paycheck to offset costs. Tell DCS immediately when an employee no longer works for you. Go to www.dshs.wa.gov/dcs/employers/employers.asp



3

Enroll in Medical Insurance

Employers who receive the National Medical Support Notice should **enroll the listed children in the employee's insurance plan.** Enroll in a plan that is available within the stated premium limit. The premium limit applies only to the extra cost of adding the children.





Send Payments Electronically

Electronic child support payments are cheaper, faster and safer than paper checks. **Employers can save time and money by sending payments electronically and the control remains with the business.** DCS offers several free choices to meet the needs of any size employer. Spend less time processing paper and more time developing your business. Go to **www.dcson-line.dshs.wa.gov.**



An Employer Workshop



Income Withholding Notices

In this section, you will learn about:

- Child Support Requirements
- Processing Child Support Notices
- Answering Child Support Notices
- Where and When to Send Payments





For current and former clients of state assistance, the average support collected in 2005 was only **\$205** a month. These parents receive an average of 18.5 payments over the course of 48 months.

OFM WorkFirst Performance Team

- Washington State employers sent nearly **\$450 million** in child support in 2006.
- Today nearly 4 out of 10 first marriages end in divorce, 60% of divorcing couples have children, and over one million children each year experience the divorce of their parents.

National Fathering Institute

- In 2005, Washington State employers reduced the tax burden by **\$205 million**.
- Over **323,000** families receive financial and medical support services each year from DSHS.
- DCS receives an average of 10,000 payments each day. For every **38,000** payments made electronically, **one ton** of paper is saved, **1,941 pounds** of solid waste is avoided and **5,058 pounds** of greenhouse gases are avoided.

NACHA - The Electronic Payments Association

Income Withholding Notices

Income withholding is the court or administratively ordered deduction of a specified amount from a parent's income for payment of child support. All employers must honor an income withholding order/notice for child support from any state. State and federal law require DCS to issue a wage or income withholding notice when an employee's child support order contains withholding language. DCS sends a withholding notice even if the employee or independent contractor is not behind in child support payments.

Notices are effective the day they are received. A copy of the notice is sent to the employee. DCS sends withholding notices by regular mail, certified mail or personal service. You must return the answer form within 20 days after receiving the notice.

Employers withhold the amount asked for and send it to DCS within 7 working days of each payday. The order tells you to withhold a specific amount each pay period (monthly, semi-monthly, biweekly, or weekly). State law does not allow deductions of more than 50 percent of the employee's net income (disposable earnings). It's important to note that wages of an independent contractor or employee include bonuses, commissions and draws against earnings. Tips and gratuities under an employer's control are also subject to collection action. Employers can withhold a onetime fee of \$10 from the employee's wages and \$1 from each future paycheck.

The income withholding order may come from Washington or any other state. Your failure to honor a notice, or deduct and send wages to DCS can result in a finding of liability for the child support owed and a fine. Do not stop taking payroll deductions until you receive an official written release from DCS. Notify DCS immediately when an employee is no longer working for you.

DCS encourages employers to send withheld support money by Electronic Funds Transfer. EFT transactions are cheaper, faster, and safer to send and receive than paper checks. DCS offers several free EFT/EDI choices to meet the needs of any size employer. To learn more, find us on the web at: http://www.dcsonline.dshs.wa.gov



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT COVER LETTER

00226097900035

TO:

RAINIER STUDIOS PO BOX 1234 NISQUALLY WA 989 RE: MR. SMITH

AKA: JOHN B. SMITH, JR.

AKA:

SSN: 003-45-6789

ACCOUNT #: IN 2260979

IV-D CASE #: 623833

If you are located outside of Washington State and the requirements listed below conflict with the laws of the above-named noncustodial parent's state of principal employment, comply with the laws of that state. If the above-named noncustodial parent participates in a <u>work release</u> program, contact the Division of Child Support (DCS) immediately at the telephone number listed below.

DCS is collecting child support from the noncustodial parent (parent) named above. The enclosed order/notice replaces any *Order/Notice to Withhold Income for Child Support* that DCS previously may have served on you for the parent.

DCS summarized your responsibilities below. See pages 2 and 3 for more details. If you employ or otherwise pay the parent for personal services, you must:

- 1. Comply with the items marked below.
 - a. Immediately begin withholding \$ 1,000 per month from the parent's disposable earnings.

 Do not exceed 50 percent of the parent's disposable earnings in any pay period.
 - b. Enroll the parent's children in a medical insurance program, if available. See the enclosed *National Medical Support Notice* for details and requirements.
- 2. If the enclosed order/notice requires you to withhold an amount per month and you do not pay the parent on a monthly basis, divide the monthly amount by the number of pay periods in a month and remit the amount withheld each pay period.
- 3. Include the parent's name, social security number, and account number on each payment.
- 4. Send all child support payments to the following address within seven days of withholding.

WASHINGTON STATE SUPPORT REGISTRY PO BOX 45868 OLYMPIA WA 98504-5868

If DCS enclosed a National Medical Support Notice, you must respond as required by the notice.

If DCS included one of the answer forms listed in subparagraphs 1 or 2 below, you also must answer the enclosed income withholding order/notice within 20 days. If DCS did not include one of the answer forms, you do not need to answer the enclosed income withholding order/notice. If you:

- 1. <u>Do not employ</u> the parent, complete and return the enclosed *Employment Termination Notice* form.
- Employ the parent, complete and return the enclosed Answer to Order/Notice to Withhold Income for Child Support. You must tell DCS immediately if the parent leaves your employment.

f you have any questions, please call	SE0	at	

For more information about the child support enforcement program, visit the DCS web site at: www.dshs.wa.gov/dcs

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Whom does the enclosed order/notice apply to? The order/notice applies to all employers (including federal government employers) except Indian tribes, tribally-owned businesses, or Indian-owned businesses located on a reservation.

If you are a tribe, tribally-owned business, or Indian-owned business located on a reservation please see the
enclosed answer form. If you choose to honor the child support order and withhold per the enclosed order/notice,
DCS appreciates your voluntary compliance.

Does the enclosed order/notice have priority over other processes? Yes. An order/notice to withhold and deliver for child support has priority over other wage assignments, garnishments, attachments, or other legal processes.

Can DCS require wage withholding when the parent is not behind in child support payments? Yes. Law allows DCS to do so. DCS does not have to tell the parent before taking these actions.

What qualifies as earnings? In the enclosed order/notice, earnings means compensation (including payments to independent contractors) paid or payable for personal services. This includes pay as wages, salaries, commissions, bonuses, or in other forms. Earnings also include gains from capital, labor, or both, and periodic payments for retirement, pensions, and insurance plans.

What qualifies as disposable earnings? Disposable earnings are earnings remaining after deductions required by law. This does not include voluntary deductions requested by the parent. Remember, do not withhold more than 50 percent of the parent's disposable earnings in any pay period.

Can I deduct a processing fee? Possibly. Individual state laws define the amount and frequency of allowable processing fees, if any. If you are located:

- In Washington State, you may deduct a processing fee from the remainder of the parent's earnings after withholding
 under this order/notice. Your processing fee may not exceed ten dollars for the first disbursement and one dollar for
 each following disbursement to the Washington State Support Registry.
- 2. **Outside** Washington State, contact the child support enforcement agency in the parent's state of principal employment for more information.

How long must I keep the enclosed order/notice? Individual state laws define the length of time you must keep the order/notice. If you are located:

- 1. In Washington State, the order/notice remains in effect until one of the following occurs:
 - a. DCS or a court tells you to stop withholding from the parent's earnings.
 - b. You no longer employ the parent and no longer owe the parent money. (Consider the parent employed if you might call the parent to work occasionally, without the parent reapplying for work.)
- 2. **Outside** Washington State, contact the child support enforcement agency in the parent's state of principal employment for more information.

What do I do if I have more than one order/notice for the parent? If you have child support orders/notices from other states or courts requiring you to withhold from the parent's earnings, call DCS immediately.

Can I combine payments for more than one parent? Yes. You may combine the amounts withheld and send a single payment to the Washington State Support Registry. However, you must clearly show each parent's portion of the payment.

What can happen if I do not comply with the enclosed order/notice? Individual state laws define penalties for failure to comply with orders/notices to withhold income for child support. If you are located:

- 1. **In** Washington State, you shall be liable for the lesser amount of the child support owed or the amount of earnings you should have withheld plus costs, interest, and reasonable attorney's fees if you:
 - a. Do not answer the notice (if DCS enclosed an answer form).
 - b. Refuse to withhold and deliver earnings owed to the parent.
- Outside Washington State, contact the child support enforcement agency in the parent's state of principal employment for more information.

What can happen if I discharge, discipline, or refuse to hire a parent because of the enclosed order/notice? Individual state laws define penalties for disciplining, discharging, or refusing to hire any person because of actions required in the order/notice. If you are located:

- 1. In Washington State, RCW 26.23 prohibits you from disciplining, discharging, or refusing to hire any person because of actions required in the order/notice. If you do so, the parent may take legal action against you. You may be liable for double the amount of lost wages and any other damage suffered as a result of your violation. You may be liable for reasonable attorney's fees. You may receive a civil penalty of not more than \$2,500.00 for each violation. A court also may require you to hire, rehire, or reinstate the parent.
- 2. **Outside** Washington State, contact the child support enforcement agency in the parent's state of principal employment for more information.

Can the parent hold me civilly liable for complying with the enclosed order/notice? No.

Can I pay by Electronic Funds Transfer? Yes. Call DCS at 1-800-468-7422 for information.

What is DCS's federal tax identification number? DCS's number is 91-600-1088.

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▼ ORDER/NOTICE TO WITHHOLD IN NOTICE OF AN ORDER TO WITHH	NCOME FOR CHILD SUPPORT HOLD INCOME FOR CHILD SUPPORT
■ State/Tribe/Territory WASHINGTON	
City/Co /Dist /Posoryation	
Case Number 623833	
RAINIER STUDIOS	
Employer's/Withholder's Name	RE: SMITH, MR
P0 B0X 1234	Employee's/Obligor's Name (Last, First, MI) 003-45-6789
NISQUALLY, WA 98989	Employee's/Obligor's Social Security Number 623833
Employer's/Withholder's Address	Employee's/Obligor's Case Identifier
	SMITH, MRS
Employer's/Withholder's Federal EIN Number (if known)	Obligee's Name (Last, First, MI)
ORDER INFORMATION: This document is based on the supp	
You are required by law to deduct these amounts from the emp	ployee's/obligor's income until further notice.
\$ 900.00 per month current child support	
	rears 12 weeks or greater? yes no
\$ per month current cash medical support	
\$ per month past-due cash medical support	оп
\$ per month spousal support	
\$ per month past-due spousal support	
\$ per month other (specify) for a total of \$ 1000.00 per month to be forwarded	I to the payer heley
for a total of \$ _1000.00 per month to be forwarded You do not have to vary your pay cycle to be in compliance with	
ordered support payment cycle, withhold one of the following a	mounts:
\$ per weekly pay period.	\$ per semimonthly pay period (twice a month).
\$ 461.53 per biweekly pay period (every two weeks).	\$ 1000.00 per <mark>monthly</mark> pay period.
REMITTANCE INFORMATION: When remitting payment, proving the employee's/obligor's principle place of employment is Wa occurring one day after the date of 104/13/2007 . Send paywithholding. The total withheld amount, including your fee, may disposable weekly earnings.	shington, begin withholding no later than the first pay period ment within seven working days of the pay date/date of
If the employee's/obligor's principal place of employment is not requirements, and any allowable employer fees, follow the laws place of employment (see #3 and #9, ADDITIONAL INFORMATIONAL INFORMATI	s and procedures of the employee's/obligor's principal
Make check payable to: WASHINGTON STATE SUPPORT RI	EGISTRY
Send check to: WASHINGTON STATE SUPPORT REGISTRY PO BOX 45868 OLYMPIA WA 98504-5868	
If remitting by EFT/EDI, call 800-468-7422 before first submit 125000105. Bank account number: 153501702218. You may a	ssion. Use this FIPS code: <u>53000</u> , Bank routing code: also remit payments on-line at: www.dcsonline.dshs.wa.gov
If this is an Order/Notice to Withhold	
Print Name D. CHENEY	_
Title of Issuing Official SUPPORT ENFORCEMENT OFFICER	_
Signature and Date NOT REQUIRED BY WASHINGTON STATE	_
XIV-D Agency Court	
Attorney with authority under state law to issue order/notice.	
NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must swithholding order unless, under a state's law, an attorney in that state may issue Order/Notice to Withhold and include a copy of the state law authorizing the att	ue an income withholding order. In that case, the attorney may submit an torney to issue an income withholding order/notice.
IMPORTANT: The person completing this form is advised that th	e information on this form may be shared with the obligor.

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT DSHS 09-857 (REV. 04/2005)

OMB 0970-0154

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1110	Dusios of Office Cappoin
	ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS
	If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is differe from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.
1.	Priority: Withholding under this Order or Notice has priority over any other legal process under state law (or tribal law, if applicable against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below.)
2.	Combining Payments: You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3.	Reporting the Paydate/Date of Withholding: You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the la of the state of the employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
4.	Employee/Obligor with Multiple Support Withholdings: If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below.)
5.	Termination Notification: You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.)
	THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: RAINIER STUDIOS
	EMPLOYEE'S/OBLIGOR'S NAME: SMITH, JOHN
	CASE IDENTIFIER: 623833
	DATE OF SEPARATION FROM EMPLOYMENT:
	LAST KNOWN HOME ADDRESS:
	NEW EMPLOYER/ADDRESS:
6.	Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.
7.	Liability: If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If yo fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure. If your location is in Washington State, you shall be liable for the lesser amount of the child support owed or the amount of the earnings that you should have withheld plus costs, interest, and reasonable attorney's fees. If your location is outside Washington State, contact your local Child Support Enforcement Agency for more information about your state's or tribe's laws/procedures.
8.	Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/ obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding. You are in Washington State, you shall be liable for double the amount of lost wages and any other damages suffered as a result of the violation and for costs and reasonable attorney fees, and shall be subject to a civil penalty of not more than two thousand five hundred dollars for each violation. You may also be ordered to hire, rehire, or reinstate the aggrieved individual.
9.	Withholding Limits: For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. §1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks. For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.
	Child(ren)'s Names and Additional Information:
	SMITH MARY
	SMITH JOHN
	If you are located in Washington State, you may not withhold more that 50 percent of the employee's/obligor's disposable net income Disposable net income is the amount remaining after the mandatory deductions listed above

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

by telephone at

OMB: 0970-0154

10. If you or your employee/obligor have any questions, contact: **SE0**800-457-6202 by Fax at 360-586-3274 or by Internet at

Employer Answer Forms



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STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

ANSWER TO ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(RCW 26.23 and RCW 74.20A)

TC		DIVISION OF CHILD SUPPORT PO BOX 11520	RE: MR.SMITH
		TACOMA WA 98411-5520	SSN: 003-45-6789
FR	ROM	1: RAINIER STUDIOS	(Please enter your business address)
۹.	X	This is the first issuance of this form regarding the enclosed <i>Or Support</i> . Please complete this form and return it to the Division	
3.		This is the second issuance of this form. The Division of Child S an <i>Order/Notice to Withhold Income for Child Support</i> rega complete this form and return it to DCS within 20 days. If you be subject to the liabilities stated in the enclosed order/notice. money or property belonging or owing to the parent.	rding the above-named parent. Please to not complete and return this form, you will
		EMPLOYMENT/PAYROLL INFO	DRMATION
1.		We are a tribe, tribally-owned business, or Indian-owned busin box, enter your Employment Security Department (ESD) numb	ess located on a reservation. (If you mark this er and go to the Declaration section on page 2.)
		Our ESD number is:	
2.		We do not employ or owe money to the parent. (If you mark Declaration section on page 2.)	this box, complete this section and go to the
		We employed the parent from	until
		(1) We do not plan to rehire the parent.	
		(2) We plan to rehire the parent on	
		(3) The parent was injured and receives a Labor and	Industries (L & I) disability benefit.
		The L & I claim number is	·
		b. The parent's new employer's name is:	
3.		We <u>employ or owe money</u> to the parent. (If you mark this bo	
		a. We will withhold \$ from the parent's Withhold Income for Child Support.	disposable earnings per the <i>Order/Notice to</i>
		b. We pay the parent: \square Weekly \square Twice Monthly \square	Other:
•		☐ Monthly ☐ Every Two Weeks	
		(1) The gross pay per pay period is: \$	<u> </u>
		(2) The net pay per pay period is: \$	<u> </u>

FG VER: (1.1)

c. The parent's next pay date is:

DECLARATION

The parent's last-known address is:	
_	
The parent's last-known telephone num	iber is:
We understand the duration of the encloorder/notice.	osed Order/Notice to Withhold Income for Child Support as explained in the
This business authorized me to certify (that the foregoing is true and correct.	or declare) under penalty of perjury under the laws of the state of Washington
Signed at	
Date	Signature
	Telephone Number (include area code)

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

In reply, refer to:

Case #:



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

EMPLOYER PAYMENT IDENTIFICATION INSTRUCTIONS

DO NOT USE THIS FORM IF YOU PARTICIPATE IN THE ELECTRONIC FUNDS TRANSFER PROGRAM.

To process payments, the Division of Child Support (DCS) needs specific information for each employee covered by your payment. The information you provide helps us quickly distribute payments to the families due support. Please provide the following information for each employee covered by your payment (you may use the form at the bottom of this page):

- 1. Employee's name.
- 2. Employee's social security number or account number.
- 3. Employee's pay date.
- 4. Total amount withheld from the employee's pay and sent to the Washington State Support Registry.

If you have any questions about payments, call our Employer Helpline at 800-628-3795. If you want information about making payments by electronic funds transfer, call 360-664-5103 (within the Olympia calling area) or 800-468-7422 (outside the Olympia calling area). You can obtain information from our website at www.wa.gov/dshs/dcs.

Mail all payments to: WASHINGTON STATE SUPPORT REGISTRY

PO BOX 45868

OLYMPIA WA 98504-5868

EMPLOYER PAYMENT IDENTIFIER

(You may duplicate this form for additional employees and future payments.)

YOUR BUSINESS NAME:	
YOUR BUSINESS TELEPHONE # (include area code): ()	
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$
EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: \$

NCP Copy Order to Withhold Notice



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	LD INCOME FOR CHILD SUPPORT ITHHOLD INCOME FOR CHILD SUPPORT
<u> </u>	. <u> </u>
X State/Tribe/Territory WASHINGTON	
□ Non-governmental entity or Individual Case Number 623833	
RAINIER STUDIOS	
Employer's/Withholder's Name	RE: SMITH, MR
P0 B0X 1234	Employee's/Obligor's Name (Last, First, MI) 003-45-6789
NISQUALLY WA 98989	Employee's/Obligor's Social Security Number 623833
Employer's/Withholder's Address	Employee's/Obligor's Case Identifier
	SMITH, MRS
Employer's/Withholder's Federal EIN Number (if known)	Obligee's Name (Last, First, MI)
ORDER INFORMATION: This document is based on the	e support or withholdin der from .
You are required by law to deduct these amounts from the	e employee's/or's me until further notice.
\$ 900.00 per month current child support	
\$ <u>100.00</u> per <u>month</u> past-due child support	- Ar weeks ter? yes no
\$ per month current cash medical se	
\$ per month past-due cash medical	S
\$ per month spousal sup	
\$ per month past-due s sal s	\t \ \ \
\$ per month other (spec	
for a total of \$ 1000.00 th forw	d to the payee below.
You do not have to vary your provided to be in coordered support payment cycle whold one of the	ith the support order. If your pay cycle does not match the g amounts:
\$ 230.76 per weekly priod.	\$ per semimonthly pay period (twice a month).
\$ 461.53 per biweekly p	eks). \$ 1000.00 per monthly pay period.
If the employee's/obligor's principle place of employment occurring one day after the date of $08/25/07$. Send	t, provide the pay date/date of withholding and the case identifier. is Washington , begin withholding no later than the first pay period d payment within seven working days of the pay date/date of e, may not exceed 50 % of the employee's/obligor's aggregate
requirements, and any allowable employer fees, follow the	is not Washington , for limitations on withholding, applicable time e laws and procedures of the employee's/obligor's principal principal or the employee with the law of the employees.
Make check payable to: WASHINGTON STATE SUPPO	RT REGISTRY
Send check to: WASHINGTON STATE SUPPORT REGIS PO BOX 45868 OLYMPIA WA 98504-5868	STRY
If remitting by EFT/EDI, call <u>800-468-7422</u> before first s <u>125000105</u> , Bank account number: <u>153501702218</u> . You	submission. Use this FIPS code: <u>53000</u> , Bank routing code: may also remit payments on-line at: www.dcsonline.dshs.wa.gov
If this is an Order/Notice to Withhold	
Print Name D. CHENEY	
Title of Issuing Official SUPPORT ENFORCEMENT OFFICER	
Signature and Date NOT REQUIRED BY WASHINGTON STA	<u>TE</u>
IV-D Agency ☐ Court	
Attorney with authority under state law to issue order/n	
NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities withholding order unless, under a state's law, an attorney in that state m Order/Notice to Withhold and include a copy of the state law authorizing	must submit a Notice of an Order to Withhold and include a copy of the income nay issue an income withholding order. In that case, the attorney may submit an the attorney to issue an income withholding order/notice.
	that the information on this form may be shared with the obligor.

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT DSHS 09-857 (REV. 04/2005)

OMB 0970-0154

	ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS
	If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.
1.	Priority: Withholding under this Order or Notice has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below.)
2.	Combining Payments: You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3.	Reporting the Paydate/Date of Withholding: You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of the employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
4.	Employee/Obligor with Multiple Support Withholdings: If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below.)
5.	Termination Notification: You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.)
	THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: RAINIER STUDIOS
	EMPLOYEE'S/OBLIGOR'S NAME:
	CASE IDENTIFIER: 623833
	DATE OF SEPARATION FROM EMPLOYMENT:
	LAST KNOWN HOME ADDRESS:
	NEW EMPLOYER/ADDRESS:
6.	Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.
7.	Liability: If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure. If your location is in Washington State, you shall be liable for the lesser amount of the child support owed or the amount of the earnings that you should have withheld plus costs, interest, and reasonable attorney's fees. If your location is outside Washington State, contact your local Child Support Enforcement Agency for more information about your state's or tribe's laws/procedures.
8.	Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/ obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding. If you are in Washington State, you shall be liable for double the amount of lost wages and any other damages suffered as a result of the violation and for costs and reasonable attorney fees, and shall be subject to a civil penalty of not more than two thousand five hundred dollars for each violation. You may also be ordered to hire, rehire, or reinstate the aggrieved individual.
9.	Withholding Limits: For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. §1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks. For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.
	Child(ren)'s Names and Additional Information:

If you are located in Washington State, you may not withhold more that 50 percent of the employee's/obligor's disposable net income. Disposable net income is the amount remaining after the mandatory deductions listed above.

OMB: 0970-0154

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

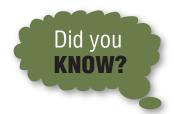
An Employer Workshop



Medical Support Notices

In this section, you will learn about:

- Medical Support Requirements
- Processing Medical Support Notices
- Answering Medical Support Notices



In 2005, **98,000** children in Washington State (6% of the child population) had no health insurance, an increase from 2002 when 73,000 children (4.5% of the child population) lacked health insurance.

OFM Research Brief, 2005

- Each day **100 babies** receive medical coverage from DSHS.
- For a child visiting a doctor for asthma the cost is about \$163. An emergency room visit for asthma costs \$382, and if the child is hospitalized the cost is **more than** \$6,000.

Children's Hospital and Regional Medical Center, 2003

Medical Support Notices

Medical support is a form of child support often provided as health care insurance under a parent's order. The employee may be ordered to provide health insurance if available through his/her employer. To help obtain health care coverage for children, new laws were passed creating the National Medical Support Notice (NMSN). The NMSN contains two separate sections - Part A and Part B.

Part A contains the following:

- Cover Letter, Part A, Notice to Withhold for Health Care Coverage
- Part A, Notice to Withhold for Health Care Coverage
- Employer Response Form
- Instructions to Employer

Part B contains the following:

- Cover Letter, Part B, Medical Support Notice to Plan Administrator
- Part B, Medical Support Notice to Plan Administrator
- Instructions to Plan Administrator
- Washington State Addendum to Box 2 of Plan Administrator Response

Employers handling their own enrollments should follow Part A, "Instructions to Employer" and Part B, "Instructions to Plan Administrator." Employers are required to enroll the children in the employee's insurance plan or in an insurance plan that is available within the premium limit stated in the notice. Employers should complete the "Plan Administrator Response" form and the "Washington State Addendum to Box 2 of the Plan Administrator Response" and send both forms to DCS within 40 business days after the date of the Notice.

If your insurance benefits are handled by a separate benefits department, third party or union, send the entire Part B section to them within 20 days. The party responsible for medical enrollment is also responsible for completing and returning the required forms.

Remember to notify DCS when an employee is no longer working for you or when children are removed from coverage. For more information about medical insurance enforcement and enrollment visit our website at:

http://www.dshs.wa.gov/dcs/employers/employers.asp



or friend of either party.

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

COVER LETTER FOR THE NATIONAL MEDICAL SUPPORT NOTICE PART A NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

1. **This Notice Contains Confidential Information:** Employer, employee, child, and custodial parent address information contained in Part A and Part B of the *National Medical Support Notice* is confidential. Please do not give address information or a copy of pages 1 or 5 to the employee, custodial parent, or any family member, relative,

- 2. Please be sure to send the Part B Cover letter and the *Washington State Addendum to Box 2 of Plan Administrator Response* to the appropriate plan administrator(s) with Part B.
- 3. If the employee's health/dental insurance coverage is available through a union, forward Part B to the union's third party administrator.
- 4. If the employee has multiple cases requiring health care coverage, we enclosed a separate *National Medical Support Notice* form for each case. Please be sure to send Part B of all of the notices to the plan administrator.
- 5. Additional information regarding limitations on withholding:
 - a. When the employee's principal place of employment is in Washington State, the total amount withheld for both child support and the children's health insurance premium cannot exceed 50 percent of the employee's disposable earnings.
 - (1) When the **employee is already enrolled** in a health insurance plan and the employer or plan administrator adds only the children, then only the children's portion of the health insurance premium applies to the above limitation on withholding.
 - (2) When the **employee is not already enrolled** in a health insurance plan and must be enrolled in order to enroll the children, then both the employee and children's health insurance premium applies to the above limitation on withholding.
 - b. Use the premium amount limits marked below to determine if you have to enroll the eligible children listed on the *National Medical Support Notice* in an available health insurance plan. If there are multiple *National Medical Support Notice* forms for the employee, please add the insurance premium amounts for the notices to determine the total premium amount limit. Enroll the children in the least expensive plan that provides the children coverage. The premium amount listed here and in the *National Medical Support Notice* applies only to an additional cost to add the children to the plan. It does not include the cost the employee has to pay for employee coverage only.

The premium amount listed here and in the National Medical Support Notice applies only to an additional cos add the children to the plan. It does not include the cost the employee has to pay for employee coverage only.	
(1) Enroll the children only if you can do so at no cost to the employee.	
(2) Enroll the children only if you pay all or part of the premium to cover the children.	
(3) In Enroll the children only if the employee's premium (to cover the children only) is not more than \$\frac{100.00}{}\$ each month. If the premium exceeds this amount, you do not have to enroll the children only if the children only is not more than \$\frac{100.00}{}\$.	en.
(4) There is no set limit for the employee's premium amount (to cover the children only).	
f the cost of the children's coverage is more than the limit shown above, mark box 4 on the Employer Response and te DCS the cost of the premium. (Example: Premium cost is \$)	ell:
For more information about the <i>National Medical Support Notice</i> , visit our website at: http://www.dshs.wa.gov/dcs/employers.shtml .	

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NATIONAL MEDICAL SUPPORT NOTICE PART A

NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under Section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency Address: PD BOX 11520 TACOMA, WA 98411-5520 Date of Notice: Case Number: 623833 Telephone Number: 800-457-6202 FAX Number: 360-586-3274 Employer/Withholder's Federal EIN Number RAINIER STUDIOS Employer/Withholder's Name PD BOX 1234 NISQUALLY, WA 98989 Employer/Withholder's Address Custodial Parent's Name (Last, First, MI) 234 TRAVIS LN BAKER, 0R 96762-2388 Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Custodial Parent's Mailing Address Child(ren)'s Mailing Address, and Telephone Number of a Representative of the Child(ren) Child(ren)'s Name(s) DOB SSN MARY SMITH 1/1/99 000-00-0000 The order requires the child(ren) to be enrolled in any health coverages available; or only the following coverage(s): decical; only considerable and person is not required to respond to, a collection of information is estimated to average 10 order unumbers of a person is not required to respond to, a collection of information is estimated to average 10 ordered unumbers and person is not required to respond to, a collection of information unless it displays a currently valid OMB control number, and reviewing the collection of information unless it displays a currently valid OMB control number, and reviewing the collection of information unless it displays a currently valid OMB control number, and reviewing the collection of information unless it displays a currently valid OMB control number, and reviewing the collection of information unless it displays a currently valid OMB control number.	Issuing Agency: STATE OF WASHINGTON DIVISION OF CHILD SUPPORT	Court or Administrative Authority:	
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Medical Answer Form



EMPLOYER RESPONSE

If either 1, 2, or 3 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. NO OTHER ACTION IS NECESSARY. If neither 1, 2, nor 3 applies, forward Part B to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this Part A to the Issuing Agency if the Plan Administrator informs you that the child(ren) is/are enrolled in an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization.

ΕM	IPL	OYER NAME: RAINIER STUDIOS	
	1.	Employer does not maintain or contribute to plans providing dependent or family health care coverage.	
	2.	The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes.	
	3. Health care coverage is not available because employee is no longer employed by the employer:		
		Date of termination:	
		Last known address:	
		Last known telephone number:	
		New employer (if known):	
		New employer address:	
		New employer telephone number:	
4. State or Federal withholding limitations and/or prioritization prevent the withholding from the em of the amount required to obtain coverage under the terms of the plan.			
		Employer Representative:	
		Name: Telephone Number:	
		Title: Date:	
		EIN (if not provided by Issuing Agency on Notice to Withhold for Health Care Coverage):	

INSTRUCTIONS TO EMPLOYER

This document serves as notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice. If the employee already has enrolled the child(ren) in health care coverage, the employer should contact the issuing agency to provide coverage information.

The document consists of Part A - Notice to Withhold for Health Care Coverage for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and Part B - Medical Support Notice to the Plan Administrator, which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren), or completed by the employer, if the employer serves as the health plan administrator.

EMPLOYER RESPONSIBILITIES

- If the individual named above is not your employee, or if family health care coverage is not available, please complete item 1, 2, or 3 of the Employer Response as appropriate, and return it to the Issuing Agency. NO FURTHER ACTION IS NECESSARY.
- 2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:
 - a. Transfer, not later than 20 business days after the date of this Notice, a copy of Part B Medical Support Notice
 to the Plan Administrator to the administrator of each appropriate group health plan for which the child(ren) may
 be eligible, and
 - b. Upon notification from the plan administrator(s) that the child(ren) is/are enrolled, either
 - 1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or
 - 2) complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.
 - c. If the plan administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), notify the issuing agency of the enrollment time frame and the plan administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed 50 % of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

- 1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b))
- 2. The amounts allowed by the State of the employee's principle place of employment; or
- 3. The amounts allowed for health insurance premiums by the child support order, as indicated here: \$

The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes. As required under section 2.b.2 of the Employer Responsibilities on prior page, complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

PRIORITY OF WITHHOLDING

If withholding is required for employee contributions to one or more plans under this notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support, as described here:

• If the employee's principal place of employment is in Washington State, the prioritization is current support first, health insurance premium second, and past-due support last. If the employee's principal place of employment is outside Washington State, contact the child support agency in that state for priority information.

As required under section 2.b.2 of the Employer Responsibilities on prior page, complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitation on withholdings.

DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child as a dependent will end when similarly situated dependents are no longer eligible for coverage under terms of the plan. However, the continuation coverage provisions of ERISA may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disensel (or eliminate coverage for) the child(ren) unless:

- 1. The employer is provided satisfactory written evidence that:
 - a. The court or administrative child support order referred to above is no longer in effect; or
 - b. The child(ren) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or
- 2. The employer eliminates family health coverage for all of its employees.

POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan(s) as the Notice directs.

NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of any notice the employer is required to provide under the continuation coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on the Notice. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above.

Medical Part B





STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

COVER LETTER FOR THE NATIONAL MEDICAL SUPPORT NOTICE PART B MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

- This Notice Contains Confidential Information: Employer, employee, child, and custodial parent address
 information contained in Part B of the National Medical Support Notice is confidential. Please do not give address
 information or a copy of page 5 to the employee, custodial parent, or any family member, relative, or friend of either
 party.
 - NOTE: Letter C on page 7, <u>Instructions to Plan Administrator</u>, states, "any required notification of the custodial parent, child(ren) and/or other participant that is required may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate."

If the Plan Administrator sends a party, other than the Issuing Agency, a copy of the **Plan Administrator Response** (page 6), the Plan Administrator **must not** send the party a copy of page 5, **Medical Support Notice to Plan Administrator**.

- For federal audit purposes, the Division of Child Support (DCS) must have the employee's insurance information in the DCS case files. DCS must send the insurance information to the Medicaid Agency when the employee's child receives Medicaid. DCS needs the insurance information specified in the attached *Addendum to Box 2 of the Plan Administrator Response*.
 - If you mark **box 2** on the *Plan Administrator Response* form, please complete the Addendum and return it to DCS with your Response. In lieu of completing the form, you may attach any preprinted information that provides the name, address, telephone numbers, policy numbers, and group numbers for claims submission.
- 3. Information regarding the health insurance premium costs:
 - a. Any premium amounts listed on the Part A Cover Letter and in the *National Medical Support Notice* apply only to an additional cost to add the children to the plan. The amount does not include the cost the employee has to pay for employee coverage only.
 - b. When the **employee is already enrolled** in a health insurance plan and the employer or plan administrator adds only the children, then only the children's portion of the health insurance premium applies to the Consumer Credit Protection Act (CCPA) limitation on withholding for cash and medical support stated in Part A of the notice.
 - c. When the **employee is not already enrolled** in a health insurance plan and must be enrolled in order to enroll the children, then both the employee's and children's health insurance premium applies to the CCPA limitation on withholding for cash and medical support stated in Part A of the notice.

For more information about the *National Medical Support Notice*, visit our website at: http://www.dshs.wa.gov/dcs/employers.shtml.

OMB NO. 1210-0113

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NATIONAL MEDICAL SUPPORT NOTICE PART B

MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under Section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: STATE OF WASHINGTON DIVISION OF CHILD SUPPORT	Court or Administrative Authority:		
Issuing Agency Address:	WASHINGTON		
P0 B0X 11520	Date of Support Order: 04/13/2006		
TACOMA, WA 98411-5520	Support Order Number:		
Date of Notice:			
Case Number: 623833			
Telephone Number: 800-457-6202			
FAX Number:			
	RE*		
Employer/Withholder's Federal EIN Number	SMITH, MR		
RAINIER STUDIOS	Employee's Name (Last, First, MI)		
Employer/Withholder's Name	003-45-6789		
PO BOX 1234	Employee's Social Security Number		
NISQUALLY, WA 98989	1234 CHERRY LN		
Employer/Withholder's Address	COTTONCANDY, WA 22234		
Zimpioyon/Withholder o / Idaheee			
Custodial Parent's Name (Last, First, MI)	Employee's Address		
234 TRAVIS LN			
BAKER, OR 96762-2388			
Custodial Parent's Mailing Address			
outrous and maining / teachood			
	Substituted Official/Agency Name and Address		
Child(ren)'s Mailing Address (if different from Custodial Parent's)			
Name(s), Mailing Address, and Telephone Number of a Representative of the Child(ren)			
Child(ren)'s Name(s)	DOB SSN		
MARY SMITH	1/1/99 000-00-0000		
JIMMY SMITH	10/10/2005 000-00-0000		
The order requires the child(ren) to be enrolled in any h			
coverage(s): ☐ Medical; ☐ Dental; ☐ Vision; ☐ Presc☐ Other (specify):	cription drug; 🔲 Mental nealth;		
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Medical Answer Form



PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice, or sooner if reasonable)

This No	lotice was received by the plan administrator on				
EMPL	OYER NAME:				
1 .	This Notice was determined to be a "qualified medical child support order," on Complete Response 2 or 3, and 4, if applicable.				
2.	The participant (employee) and alternate recipient(s) child(rencoverage.) are to be enrolled in the following family			
	☐ a. The child(ren) is/are currently enrolled in the plan as a	a dependent of the participant.			
	□ b. There is only one type of coverage provided under the dependents of the participant under the plan.	e plan. The child(ren) is/are included as			
	 c. The participant is enrolled in an option that is providin enrolled in the same option. 	g dependent coverage and the child(ren) will be			
	 d. The participant is enrolled in an option that permits de dependent coverage will be provided. 	ependent coverage that has not been elected;			
	Coverage is effective as of (included at a contract of this Notice). The child(ren) has/have been expected at the contract of this Notice).	ludes waiting period of less than 90 days from the enrolled in the following option:			
	Any necessary withholding should commence if the employer Federal withholding and/or prioritization limitations.	determines that it is permitted under State and			
3.	There is more than one option available under the plan and the must select from the available options. Each child is to be incorptions that provide family coverage. If the Issuing Agency do this Response is returned, the child(ren), and the participant if option, if any:	luded as a dependent under one of the available bes not reply within 20 business days of the date			
4 .	The participant is subject to a waiting period that expires	(more than 90 days			
	from the date of receipt of this Notice), or has not completed a measure other than the passage of time, such as the complet (describe here):	a waiting period which is determined by some ion of a certain number of hours worked			
	At the completion of the waiting period, the plan administrator	will process the enrollment.			
5 .	This Notice does not constitute a "qualified medical child supp	oort order" because:			
	☐ The name of the ☐ child(ren) or ☐ participant is	s unavailable.			
	☐ The mailing address of the ☐ child(ren) (or a substitu	ited official) or $\ \square$ participant is unavailable.			
	☐ The following child(ren) is/are at or above the age at whic under the plan (insert name(s) of child(ren)).	h dependents are no longer eligible for coverage			
Plan A	Administrator or Representative:				
Name:	::	Telephone Number:			
Title: _		Date:			
Addres	ess:				

INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the noncustodial parent/participant identified above is enrolled or is eligible for enrollment.

This Notice serves to inform you that the noncustodial parent/participant is obligated by an order issued by the court or agency identified above to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

- (A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified above, and if coverage for the child(ren) is or will become available, this Notice constitutes a "qualified medical child support order" (QMCSO) under ERISA or CSPIA, as applicable. (If any mailing address is not present, but is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) You must, within 40 business days of the date of this Notice, or sooner if reasonable:
 - (1) Complete Part B Plan Administrator Response and send it to the Issuing Agency:
 - ((a) if you checked Response 2:
 - (i) notify the noncustodial parent/participant named above, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address;
 - (ii) furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits;
 - (b) if you checked Response 3:
 - (i) if you have not already done so, provide to the Issuing Agency copies of applicable summary plan
 descriptions or other documents that describe available coverage including the additional participant
 contribution necessary to obtain coverage for the child(ren) under each option and whether there is a
 limited service area for any option;
 - (ii) if the plan has a default option, you are to enroll the child(ren) in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child(ren) in the option selected by the Issuing Agency.
 - (c) if the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3, and
 - (d) upon completion of the enrollment, transfer the applicable information on Part B Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.
- (B) If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B Plan Administrator Response and send it to the Issuing Agency, and inform the noncustodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination.
- (C) Any required notification of the custodial parent, child(ren) and/or other participant that is required may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate.

UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground that: (1) the child was born out of wedlock; (2) the child is not claimed as a dependent on the participant's Federal income tax return; (3) the child does not reside with the participant or in the plan's service area; or (4) because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan. If the plan requires that the participant be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren). All enrollments are to be made without regard to open season restrictions.

PAYMENT OF CLAIMS

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims and the plan shall make payment for covered benefits or reimbursement directly to such party.

PERIOD OF COVERAGE

The alternate recipient(s) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

- 1. The plan administrator is provided satisfactory written evidence that either:
 - a. the court or administrative child support order referred to above is no longer in effect, or
 - b. the alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
- 2. The employer eliminates family health coverage for all of its employees; or
- 3. Any available continuation coverage is not elected, or the period of such coverage expires.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above.

Paperwork Reduction Act Notice

The Issuing Agency asks for the information on this form to carry out the law as specified in the Employee Retirement Income Security Act or the Child Support Performance and Incentive Act, as applicable. You are required to give the Issuing Agency the information. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Issuing Agency needs the information to determine whether health care coverage is provided in accordance with the underlying child support order. The average time needed to complete and file the form is estimated below. These times will vary depending on the individual circumstances.

Learning about the	law or the form	Preparing the form		
First Notice	1 hr.	1 hr., 45 min.		
Subsequent Notices		35 min.		



FROM:

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

WASHINGTON STATE ADDENDUM TO BOX 2 OF PLAN ADMINISTRATOR RESPONSE

TO: DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520 RE: JOHN B. SMITH, JR.

SSN: 003-45-6789

IV-D CASE NUMBER: 623833

FROM.	(Please enter Plan Administrator name)		
The children listed in Part B, Medical Support Notice Send all claims to (names and addresses):	e to Plan Administrator are enrolled in the following plan(s).		
•	LTH INSURANCE PLAN		
COMPANY NAME AND ADDRESS	LITH INSURANCE PLAN		
COMI ANT NAME AND ADDICES	POLICY NUMBER:		
	GROUP NUMBER:		
	TELEPHONE NUMBER:		
DEN'	TAL INSURANCE PLAN		
COMPANY NAME AND ADDRESS	POLICY NUMBER:		
	GROUP NUMBER:		
	TELEPHONE NUMBER:		
PRESCRIPT	ION DRUG INSURANCE PLAN		
COMPANY NAME AND ADDRESS	POLICY NUMBER:		
	GROUP NUMBER:		
	TELEPHONE NUMBER:		
VISI	ON INSURANCE PLAN		
COMPANY NAME AND ADDRESS	POLICY NUMBER:		
	GROUP NUMBER:		
	TELEPHONE NUMBER:		



Medical Support Frequently Asked Questions

If you have questions about the National Medical Support Notice, you can get help in one or more of the following ways:

- Contact the DCS field office which issued the NMSN
- Contact the DCS Employer Hotline at 1-800-591-2760
- Find information on the DCS Web at: www.dshs.wa.gov/dcs/employers/employers.asp
- **1.** How long do I have to respond to the Notice?

Index of Questions

- **2.** Who is the plan administrator?
- **3.** When I send Part B to the plan administrator, what do I send back to DCS?
- **4.** How will I know if the plan administrator enrolls the children?
- **5.** What information should the plan administrator or the employer give to DCS when the children are enrolled?
- **6.** We do not offer insurance to our employees. What do I do?
- 7. Our employees have insurance through a union. The previous Notice provided a place for us to give DCS the union local and third party administrator information. The NMSN does not have a place for this information. How do I notify DCS of the union coverage?
- **8.** We do our own insurance enrollments. We do not have a plan administrator. How do I respond to DCS?
- 9. I received 2 (or more) NMSNs for one employee. How do I determine the employee's premium limit for the children?
- **10.** We cannot enroll the children because the employee is not enrolled. Do we have to enroll the employee?
- 11. If we have to enroll both the employee and the children, does the premium limit shown on the Notice include the amount the employee has to pay for him/herself and the children?
- **12.** What do I do if the cost of the children's coverage exceeds the premium amount shown on the Notice?
- **13.** When the employee works in Washington State, the most we can withhold for child support from the employee's net disposable earnings is 50%. How does the health insurance premium figure into the 50% limit?
- **14.** The employee and dependents are eligible for coverage. However, our coverage is limited to a specific service area and the child lives out-of-state or the child lives in a different part of the state outside of the plan's service area. What should we do?
- **15.** We offer multiple insurance plans. How do we determine in which plan to enroll the children?
- **16.** The employee is enrolled in a local HMO plan that will provide only emergency coverage to the child. There is Preferred Provider Plan available that has medical providers where the child lives. Should we change the employee to the Preferred Provider Plan?
- **17.** What is the priority of withholding in Washington State?
- **18.** What if the employee objects to enrolling the children or withholding income to pay for the coverage?
- **19.** What if the employee tells the employer the children are already covered under a private pay plan, a current spouse, or have benefits through Indian Health Services?
- **20.** What could happen if we fail to comply with the NMSN?
- **21.** Should we notify DCS when the employee is providing insurance for the children and leaves our employ?

1. How long do I have to respond to the Notice?

Within 20 business days after the date of the Notice, send either the Employer Response to DCS or Part B Medical Support Notice to the Plan Administrator.

2. Who is the plan administrator?

The plan administrator is the person designated to enroll employees and their dependents in insurance plans. Employers can:

- Contract with a private company to handle enrollments.
- Have a benefits office within their company that handles enrollments. *Or*
- Handle the enrollments themselves.

When employees have health insurance benefits through a union, the union's third party administrator is the plan administrator. The third party administrator generally handles premium payments.

3. When I send Part B to the plan administrator, what do I send back to DCS?

The plan administrator responds to DCS. You do not have to send anything back to DCS.

4. How do I know if the plan administrator enrolls the children?

The plan administrator notifies you the children are enrolled and tells you to withhold the premium from the employee's earnings. Employers generally send the premium payments to the third party administrator.

5. What information does the plan administrator or the employer give to DCS when the children are enrolled?

Plan administrators or employers complete:

- Addendum to Box 2 of Plan Administrator Response. *Or*
- Provide any preprinted information that provides the name, address, telephone numbers, policy numbers, and group numbers for claims submission.

For federal audit purposes, DCS must have the employee's insurance information in the DCS case file.

6. We do not offer insurance to our employees. What do I do?

If insurance **is not** available through a union: *Check box 1 on the Employer Response form* and send the Response to DCS.

If insurance **is** available through a union: Send Part B to the union's third party administrator.

7. Our employees have insurance through a union. How do I notify DCS of the union coverage?

You no longer have to notify DCS when insurance coverage is through a union.

- Send *Part B Medical Support Notice to Plan Administrator* (including the Cover Letter and Washington State Addendum to Box 2) to the union's third party administrator.
- The plan administrator responds to DCS.

8. We do our own insurance enrollments. We do not have a plan administrator. How do I respond to DCS?

If you offer insurance for which the children are eligible:

- Enroll the children.
- Complete the *Washington State Addendum to* Box 2 of Plan Administrator Response form and the Plan Administrator Response form.
- Send both of forms to DCS within 40 business days after the date of the Notice.

9. I received 2 (or more) NMSN notices for one employee. How do I determine the employee's premium limit for the children?

Refer to Part A Cover Letter, under #5, b.:

- Shows how much the employee has to pay for the children on that Notice.
- Add the amount on each Notice together to get a total. This is the most the employee has to pay to cover only the children listed on the Notices.
- If one NMSN notice has a set amount and another has no limit, the total is "no limit".

10. We cannot enroll the children because the employee is not enrolled. Do we have to enroll the employee?

Yes, in most cases:

- As long as the cost of the children's premium does not exceed the limit in the Notice. And
- The current child support amount plus the cost of the premium for the employee and children does not exceed 50% of the employee's net disposable income.

The instructions to the plan administrator (Part B) state that, "If the plan requires that the participant (employee) be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren)."

11. If we have to enroll both the employee and the children, does the premium limit shown on the Notice include the amount the employee has to pay for him/herself and the children?

No. The premium limit shown on the Notice applies only to the additional cost the employee has to pay for the children's coverage.

For example: If the cost for employee only coverage is:

- \$33 per month and the cost for employee plus children is \$85 per month.
- Then the cost for only the children's coverage is \$52 per month (\$85 less \$33 = \$52).
- If the premium limit on the Notice is \$52 or more, you would have to enroll both the employee and children.

12. What if the cost of the children's coverage exceeds the premium amount shown on the Notice?

The premium amount shown on the Notice applies:

- Only to the additional cost for the children.
- It does not include the amount the employee would have to pay for "employee only" coverage.

When the children's coverage costs more than the amount shown on Part A of the Notice:

- Check box 4 on the *Employer Response* form.
- Send the form to DCS. DCS may call you when you mark box 4.
- To avoid a call, you are welcome to note the children's premium amount on the *Employer Response*.
- If the plan administrator has already added the children to the plan, contact the plan administrator to tell them the children cannot be added.

13. When the employee works in Washington State, the most we can withhold for child support from the employee's net disposable earnings is 50%. How do health insurance premiums figure into the 50% limit?

Assuming the cost of the children's premium does not exceed the limit shown on the Notice, the answer depends on whether the employer has to enroll just the children (because the employee is already enrolled), or enroll both the employee and children.

When the employer has to enroll only the children, the cost of the children's premium plus the cash support amount cannot exceed the 50% limit.

For example: The employee is already enrolled and paying a premium of \$28. The additional cost to enroll the children is \$46. The employer should enroll the children if the cash support amount plus the children's premium cost (\$46) does not exceed 50% of the employee's net disposable income.

When the employer has to enroll both the employee and children, the cost of both the employee's and children's premium plus the cash support amount cannot exceed the 50% limit.

For example: The employee is not enrolled. The cost to enroll the employee is \$20.50. The additional cost to enroll the children is \$39.50. The total for both is \$60. The employer should enroll the employee and children if the cash support amount plus the employee's and children's premium cost (\$60) does not exceed 50% of the employee's net disposable income.

When the children or the employee and children cannot be enrolled because the premium plus the cash support amount exceeds the 50% limit, check

box 4 on the *Employer Response* form and send the form to DCS. DCS may call you when you mark box 4. To avoid a call, you are welcome to note on the form that the cash support plus the premium would exceed the 50% withholding limit. If the plan administrator has already added the children to the plan, contact the plan administrator to tell them the children cannot be added.

- 14. The employee and dependents are eligible for coverage. However, our coverage is limited to a specific service area and the child lives out-of-state or the child lives in a different part of the state outside of the plan's service area. What should we do?
 - If the plan provides a minimum of urgent and emergent care that the child could use where the child lives, then the child should be added to the plan.
 - If the plan does not provide a minimum of urgent and emergent care that the child could use where the child lives, then the child should not be added to the plan.
 - Notify DCS in writing if the child cannot be added to the plan.
- 15. We offer multiple insurance plans. How do we determine which plan to enroll the children?

When the employee is already enrolled, enroll the children in the same plan as the employee.

When the employee is not enrolled and there are multiple plans, within the premium limit shown on the Notice that would cover the children, DCS will select the plan. Provide DCS with the following information about each plan:

- A description of the coverage.
- The additional cost the employee would have to pay to cover the children. *And*
- Whether there is a limited service area for the plan.
- 16. The employee is enrolled in a local HMO plan that will provide only emergency coverage to the child. There is Preferred Provider Plan

available that has medical providers where the child lives. Should we change the employee to the Preferred Provider Plan?

The child should be enrolled in the employee's plan as long as the plan will provide at least urgent and emergent care.

- DCS does not require that the employee be moved to another plan because DCS has no way of knowing if the employee has a spouse and/or other children already covered on his/her current plan.
- Some plan administrators will make the employee change plans to one that will cover the child where the child lives when the employee is the only one on the plan. However, this decision is up to the individual plan administrator.

17. What is the priority of withholding in Washington State?

When the employee's principal place of employment is Washington State, the priority of withholding is current support first, the health insurance premium second, and past-due support last.

When the employee's principal place of employment is not Washington State, the employer will have to contact the child support agency in that state for priority information.

18. What if the employee objects to enrolling the children or withholding income to pay for the coverage?

The employee may contest the withholding under the Notice, based on a mistake of fact, by contacting DCS. The employer must continue to withhold the premiums until notified by DCS to discontinue withholding.

19. What if the employee tells the employer the children are already covered under a private pay plan, a current spouse, or have benefits through Indian Health Services?

The employer has an obligation to comply with the Notice until they receive a *Release* terminating the medical withholding. The employee should contact DCS immediately and provide proof of coverage.

20. What could happen if we fail to comply with the NMSN?

Under Washington State law, an employer who fails or refuses to comply with the Notice can be fined up to \$1,000 per occurrence.

21. Should we notify DCS when the employee is providing insurance for the children and leaves our employ?

Yes. The employer must promptly notify DCS when the employee is no longer employed.

An Employer Workshop



Employer Inquiry Letter

DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520 STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)



TO: RAINIER STUDIOS
PO BOX 1234
NISQUALLY, WA 98989

RE: MR. SMITH

AKA:

AKA:

SSN: 003-45-6789

Date:

EMPLOYER INQUIRY

(RCW 74.04.290)

The Division of Child Support (DCS) is trying to get information about the above-named person. We need your help. If you live, do business, or have assets in Washington State, we use this letter instead of a subpoena as allowed by RCW 74.04.

If you are a tribe, tribally-owned business, or Indian business located on a reservation, please enter your Washington

State employment security identification number here (if you do not have a number, enter *none*)

			per to help prevent cert s, mark the one that ap		illings to you	. If you belong to one o	of the following
		Tribe	☐ Indian-owned b	ousiness located on a	reservation	☐ Tribally-owne	d business
	Plea	ase answer	all questions about the	e above-named perso	n.		
	Plea	ase answer	only the questions that	<mark>at we marked</mark> about t	he above-na	med person.	
1.		Social secui	rity number:				
2.							
3.			address:				
		Telephone r	number: ()				
4.		Gross earni	ngs (excluding bonuses	s) for the period		through	
		Month	Year	Gross Earnings	Month	Year	Gross Earnings

EMPLOYER INQUIRY DSHS 18-002 (REV. 05/2000)

Page 1

5.	Bonuses paid	d for the period		through		
	Month	Year	Gross Bonus	Month	Year	Gross Bo
6.	Last date pai	d:	Yes No. Date hir	Pay rate:	0.01-	
	Palu. We	еекіу 🔲 Бімеекіу	☐ Monthly ☐ Semi		Other	
7.	List union inf	ormation:	Union's	Name		
		P.O. Box or Stree	t Number		Loc	al Affiliation Number
		City			State	Zip Code
8.	a. Your conb. A union?	npany?	No. No. the employee's childre	en enrolled? [
			P.O. Box or S	treet Number		
		City			State	Zip Code
		Policy/Group Number				Effective Date
	c. Mark the	types of coverage of	ffered: Medical	Dental 🗌	Other	
	d. List the r	names of the childrer	n covered by the health	insurance.		

_		
If not currently employed by you, please list the present	nt employer.	
Emplo	yer's Name	
P.O. Box or Street Number	Telephone N	lumber
	()	
City	State 2	Zip Code
Other information (please answer on a separate sheet	and attach it to this form):	
United information (please answer on a separate sheet	and attach it to this form).	
you received a wage withholding notice from another state a	nd have questions, call us at 1-800-59	1-2760.
you received a wage withholding notice from another state a	nd have questions, call us at 1-800-59	1-2760.
you received a wage withholding notice from another state a	nd have questions, call us at 1-800-59	1-2760.
you received a wage withholding notice from another state a	nd have questions, call us at 1-800-59	1-2760.
	nd have questions, call us at 1-800-59 Name of Person Entering Information (please p	
e)	Name of Person Entering Information (please p	
re)		
ephone Number	Name of Person Entering Information (please p	
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pephone Number you have questions, contact: VISION OF CHILD SUPPORT BOX 11520	Name of Person Entering Information (please p	
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ephone Number you have questions, contact: VISION OF CHILD SUPPORT BOX 11520 COMA WA 98411-5520 Y/TDD services available for the speech or hearing impaire	Name of Person Entering Information (please particle)	
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ephone Number you have questions, contact: VISION OF CHILD SUPPORT BOX 11520 COMA WA 98411-5520 TY/TDD services available for the speech or hearing impaire	Name of Person Entering Information (please particle)	
between the speech or hearing impaire	Name of Person Entering Information (please particle)	
you received a wage withholding notice from another state a te	Name of Person Entering Information (please particle)	

In reply, refer to:

Case #: 623833

EMPLOYER INQUIRY DSHS 18-002 (REV. 05/2000)

An Employer Workshop



New Hire Reporting

In this section, you will learn about:

- The Purpose of the New Hire Reporting Program
- The Benefits of the New Hire Reporting Program
- Data Elements Required for New Hire Reporting
- How to Report New Hires Electronically

DIVISION OF CHILD SUPPORT PO BOX 9162 OLYMPIA WA 98507-9162

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)



Federal Employer ID Number:

TO: RAINIER STUDIOS
PO BOX 1234
NISQUALLY, WA 98989

INTRODUCTION TO NEW HIRE REPORTING

Federal law requires employers to report information on all newly hired or rehired employees to the Division of Child Support (DCS) within 20 days of hiring. Page 2 is a summary of Washington State's new hire law. We also enclosed instructions for reporting new or rehired employees and a pamphlet about electronic funds transfer procedures. If you need more information about New Hire Reporting, contact DCS by e-mail at dcshire@dshs.wa.gov or call (800) 562-0479 (select Option #2).

You may select one of the following methods to report new or rehired employees:

Internet Web: www.dshs.wa.gov/newhire/

Telephone: (800) 562-0479 (select Option #3)

• Fax: (800) 782-0624

Magnetic Media: Instructions attached to this form

Mail: NEW HIRE REPORTING

PO BOX 9023

OLYMPIA WA 98507-9023

Your reports must include:

- Employee Name
- Employee Address
- Employee Social Security Number
- Employee Date of Birth

- Company Name
- Company Address
- Federal Employer Identification Number

The New Hire Reporting program has three goals: (1) Collect child support efficiently, (2) Reduce dependence on public assistance programs, and (3) Detect Unemployment Insurance and Labor and Industries claims fraud.

As an employer, you play a key role in this national New Hire Reporting program. We thank you for the enormous contribution you make for the children affected by the child support enforcement program.

	DAVID STILLMAN
Date	DIRECTOR
	DIVISION OF CHILD SUPPORT

RCW 26.23.040 Employment reporting requirements--Exceptions--Penalties--Retention of records

- (1) All employers doing business in the state of Washington shall report to the Washington state support registry.
 - (a) The hiring of any person who resides or works in this state to whom the employer anticipates paying earnings;
 - (b) The rehiring or return to work of any employee who was laid off, furloughed, separated, granted a leave without pay, or terminated from employment.

The secretary of the department of social and health services may adopt rules to establish additional exemptions if needed to reduce unnecessary or burdensome reporting.

- (2) Employers may report by mailing the employee's copy of the W-4 form, or other means authorized by the registry which will result in timely reporting.
- (3) Employers shall submit reports within twenty days of the hiring, rehiring, or return to work of the employee, except as provided in subsection (4) of this section. The report shall contain:
 - (a) The employee's name, address, social security number, and date of birth; and
 - (b) The employer's name, address, and identifying number assigned under section 6109 of the internal revenue code of 1986.
- (4) In the case of an employer transmitting reports magnetically or electronically, the employer shall report newly hired employees by two monthly transmissions, if necessary, not less than twelve days nor more than sixteen days apart.
- (5) An employer who fails to report as required under this section shall be subject to a civil penalty of:
 - (a) Twenty-five dollars per month per employee; or
 - (b) Five hundred dollars, if the failure to report is a result of a conspiracy between the employer and the employee not to supply the required report, or to supply a false report. All violations within a single month shall be considered a single violation for the purposes of assessing a penalty. The penalty may be imposed and collected by the division of child support under RCW 74.20A.350.
- (6) The registry shall retain the information for a particular employee only if the registry is responsible for establishing, enforcing, or collecting a support debt of the employee. The registry may, however, retain information for a particular employee for as long as necessary to:
 - (a) Transmit the information to the national directory of new hires as required under federal law; or
 - (b) Provide the information to other state agencies for comparison with records or information possessed by those agencies as required by law.

Information that is not permitted to be retained shall be promptly destroyed. Agencies that obtain information from the department of social and health services under this section shall maintain the confidentiality of the information received, except as necessary to implement the agencies' responsibilities.

We recognize Indian tribal sovereignty. Indian tribes, tribally owned businesses, and Indian owned businesses located on reservations are exempt from new hire reporting requirements. If you voluntarily choose to report new or rehired employees, we appreciate your voluntary report.

An Employer Workshop



Payment Methods

In this section, you will learn about:

- How Payments Should Be Sent
- The Benefits of Electronic Payments
- How to Register to Pay Electronically

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Child Support Internet Payment Service (CSIPS)

Save Time and Money in 5 Easy Steps



Register Today!

Go to www.dcsonline.dsbs.wa.gov.

- ▶ Choose **Employer Withholding From Employees.**
- On the Registration page, create and enter your:
 - ✓ User ID
 - ✓ Password
 - ✓ Contact and Bank Account information
- DCS sends you an email confirming your registration.
- You can enter employee data as soon as registration is completed.



Activate CSIPS Account

- DCS mails the activation code to you.
- You must activate your account prior to making payments.
- Enter this code when you log in the first time to make a payment.



3 Verify Bank Account

Before you can use CSIPS to make payments, DCS must verify your bank account information by sending a zero dollar transaction to the bank. Bank account verifications take 10-12 calendar days. Once your bank account is verified, DCS sends an E-mail telling you to begin using CSIPS to make payments.





- **First:** Create and maintain a list of the employees with child support withholds.
- **Then:** Enter the information for each employee or create a text file and upload the informaiton into CSIPS.
- Once the employee information is in CSIPS, it can be modified or a new text file can be uploaded.



5 Initiate Payments

Employers need to select the employees for whom they are making payments and ensure the amounts are accurate before they submit the payment.

- A payment must be initiated at least two business days before the scheduled delivery date.
- The payment may be scheduled for delivery any time in the future beyond two business days.
- Payments can be cancelled or changed within CSIPS up to 3:00 pm, 2 business days prior to the scheduled delivery date.

Sign Up Now!

Contact Us if you have any questions. You may call EFT Customer Service at **800-468-7422**, or contact us by email at **DCSWebPmts@dshs.wa.gov**.

CSIPS is a service of the Washington State Division of Child Support, EFT Unit, PO Box 9010, Olympia, WA 98507

Electronic Funds Transfer (EFT) Options for Employers

DCS offers a variety of Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) options to make wage withholding easier for employers.

- Internet: Employers can start a debit to their bank account using the Child Support Internet Payment Service (CSIPS). This flexible method allows you to select each payment's delivery date and schedule future payments. CSIPS is also available for individual payers. To start go to the CSIPS Web site at: www.dcsonline.dshs.wa.gov
 - Create a User ID, password, and register the bank account you want to use to make payments.
 - ▶ Build an employee data file. You can make changes to it at anytime.
- Repetitive Automated Clearing House (ACH) debit: Employers can authorize DCS to automatically deduct the payment from their bank account. The deduction continues on the same day(s) each month until the employer notifies DCS to stop. This method works well for employers with a small, stable work force and for employees whose payment amounts do not change.
- Pay-by-Phone Employer Initiated ACH debit: Employers start a debit to their bank account using a touch-tone telephone. This option allows the employer to change the days and amounts of the deduction to coincide with each pay period. An employer can authorize up to 10 payments per telephone call.
- **PC Modem Employer Initiated ACH debit:** Employers start a debit to their bank account by downloading payment information through a PC modem to U. S. Bank. This option allows the employer to create and maintain a stand-alone file on their PC allowing the transfer of payment information.
- **ACH Credit:** Employers can transfer funds to the DCS bank account. The employee identification and payment information is sent in the form of an EDI addenda record with the EFT payment. DCS can accept payments in both the CCD+ and CTX standardized child support formats.

